

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



Medical School Library
NOV 17 1937
University of California

STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

GUSTAVE WILSON, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

ROY A. TERRY, M.D., Long Beach

WALTER M. DICKIE, M.D., Sacramento

Executive Officer

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets UNDERHILL 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVI, No. 41

November 6, 1937

GUY P. JONES
EDITOR

*The Venereal Disease Control Program**

MALCOLM H. MERRILL, M.D., Chief, Bureau of Venereal Diseases, California State Department of Public Health

The Bureau of Venereal Diseases was established February 1, 1937. Since then much of our time and energy have been devoted to survey work. We have attempted to map out the more important problems and determine the extent to which they are now being met. Some statistics have been compiled but it should be appreciated that these figures are preliminary and approximations only. They serve to orient us as to the order of magnitude and in general represent a conservative estimate.

There are a number of fundamental questions which we might well consider at this time.

How many cases of venereal disease are there in California?

We have no way as yet of ascertaining the total number, however, we can now estimate the number who are receiving medical care. We have completed surveys in four counties, Madera, Fresno, Stanislaus, and Orange, representing a total population of about 375,000. On the date of the survey there were 1412 cases of venereal disease under treatment or observation. This represents approximately four cases per 1000 population. Since reports were obtained from

only 86% of the physicians, 4.5 cases per 1000 would appear to be the correct figure in the surveyed districts. That this is the correct order of magnitude is further indicated by the fact that essentially the same figures were obtained in a recent local survey in Pasadena. In two surveys run in 1928 and 1930 in San Joaquin County, 5.8 cases per 1000 were found.

It would therefore appear probable that there are between 4 and 6 cases per 1000 population constantly under medical care for venereal disease. This represents a case load for the state of from 25,000 to 40,000.

How are the cases divided as to diseases?

Fifty-six per cent of the reported cases were syphilis and 44 per cent gonorrhea.

By whom are these cases being treated?

In our own survey 77 per cent were under the care of private physicians and 23 per cent were being treated in clinics. The percentages were similar in Pasadena and in the two surveys in San Joaquin County 74.5 per cent of the cases were under the care of private physicians. Evidence now at hand indicates that if we accept the figures, 75 per cent private physician, 25 per cent clinic, we are approaching a true statement of the situation.

* From a paper presented before the Health Officers' Section, League of California Municipalities, San Jose, September 15, 1937.

How many physicians are treating venereal diseases?

In our own survey 57 per cent of physicians returning the questionnaire had cases under treatment or observation. Since there are about 10,000 registered physicians in California there are approximately 5000 physicians in the state caring for these cases.

How many clinics are treating venereal diseases?

There are at least 80 clinics in California where venereal disease patients can obtain free treatment. During July, 1937, there were 9813 patients under treatment in the 80 clinics from which we received reports. If this represents 25 per cent of the total cases under treatment during July we arrive at the figure 39,252 as the total venereal disease case load for the month.

How much money is being expended on venereal disease control by local health departments?

In order to estimate the present activity in the control of venereal disease each full-time health department was requested to submit to us a budget setting forth the expenditures for venereal disease control. The total amount budgeted for the fiscal year 1937-1938 by all departments submitting budgets is approximately \$200,000 or about 3½ cents per capita for the state as a whole. If we add to this the money being provided by the state and federal governments this per capita expenditure is increased to about 5½ cents. How much will be necessary for a really effective program we can not as yet predict. Local health departments that now have good programs are expending at least 10 cents per capita.

How is the money being used by local health departments?

The greater proportion is being expended upon clinic and laboratory activities. There is a gross deficiency in epidemiological work. The great mass of patients, the 75 per cent of all cases, under the care of private physicians, have been reached hardly at all by local health departments. There has been no epidemiological investigation of these patients. Evidence at hand indicates that less than 10 per cent of these cases have even been reported by physicians to health departments. A large proportion of these cases lapse from treatment prematurely. There have rarely been reports of sources of infection or of contacts, or of lapse from treatment. The remaining 25 per cent treated in clinics receive varying degrees of service ranging from excellent medical care plus excellent epidemiological investigation to poor medical care and no epidemiological investigation. There has been practically no venereal disease control work in

a considerable portion of the rural districts of the state.

What laboratory services are offered in the state?

Again there is a variation all the way from local health departments offering free testing of all specimens submitted, to those confining their activity almost exclusively to their clinic cases. In general the State Laboratory has heretofore accepted no specimens from districts where the local health departments maintain laboratories.

PLAN OF ATTACK

With these landmarks of our problem before us we might now proceed with a discussion of the blueprints of our venereal disease control program.

May I again call to your attention some of the more significant figures given earlier:

There is in California a constant case load of approximately 40,000 venereal disease patients. Seventy-five per cent of these cases are under the care of about 5000 private physicians, 25 per cent are cared for in about 80 clinics.

It is obvious that if we place entire emphasis upon the 25 per cent group we are merely touching the problem. For that reason I should like first to consider plans for the public health control of the 75 per cent class.

The cooperation of the 5000 physicians who are treating venereal diseases is essential. Five definite plans of attack are proposed for immediate application.

(1) We have prepared an addressograph list in our central bureau office containing the names of all physicians and osteopaths in the state. We plan periodically to circularize these 12,000 practitioners, explaining to them the venereal disease control program. The objectives and how they might be attained are being considered in the first series of letters. The first letter went out in June announcing the new report cards. Reporting has practically doubled since that time. Pamphlets, bulletins and other educational materials will be mailed at intervals to each of these practitioners.

(2) In an effort to develop one more point of contact with the physician a special epidemiological card has been prepared. It is proposed that upon receipt of each case report from a physician in private practice the local health department will forward to the physician one of these cards, together with such pamphlets as are indicated for transmission to the patient.

Upon these cards the physician is to report cases lapsing from treatment and any contacts or sources

of infection he has been unable to get in for examination. Also, he is to report to the patient's former medical advisor if there has been a change of physician.

Permission has been granted to use the franking privilege for these reports, thus eliminating mailing costs. The State Department will provide cards and necessary envelopes.

We can not overemphasize the value of these reports in our efforts to find and eliminate foci of infection.

(3) In order to assist the physician in the care of his free or part-pay syphilitic cases free drugs are provided by the state. These drugs are being dispensed wherever possible through the local health department. Physicians are required to have reported the cases for whom drugs are requested. Requisitions from most of the rural districts of the state are sent directly to the state department and the drugs are issued from our central office.

(4) An additional service to physicians which will develop slowly, but which is fundamental, is the provision of free nursing service to assist in the epidemiological work. A number of local departments in the state are arranging to investigate every case for whom drugs are provided, thereby using the drug distribution program as an entering wedge to begin active epidemiological work. Physicians are to be asked concerning the contacts and sources of infection. We hope that eventually a full investigation of every case will be made.

(5) We are working on plans for venereal disease seminars in County Medical Society groups and for special venereal disease courses in our medical schools. By lectures, direct contact and interviews, physicians can be kept informed concerning the latest in treatment and encouraged to cooperate with health departments.

(Continued in next issue)

HOSPITAL ASSOCIATION TO HOLD MEETING

The Public Hospitals Section of the Western Hospital Association will hold its semiannual meeting at the San Bernardino County Hospital on Saturday, December 4th. Dr. F. O. Butler, medical director of the Sonoma State Home, is chairman of the section.

LONG BEACH RABIES QUARANTINE ENDED

A quarantine was placed on dogs in Long Beach April 15, 1937, by the California State Board of Public Health. This quarantine was established at the request of the authorities of Long Beach. As the six months' period of quarantine terminated October 15, 1937, the order was rescinded at that date, upon recommendation of the Long Beach city officials.

NINTH GORGAS ESSAY CONTEST ANNOUNCED

Announcement of the Ninth Gorgas Memorial Essay Contest has been made by Admiral Cary T. Grayson, chairman of the board of directors of the Gorgas Memorial Institute. The subject assigned for this year is "The Achievements of William Crawford Gorgas and Their Relation to Our Health." Schools throughout the country have been invited to enroll. Participation is restricted to students in the third and fourth years of high school. The contest will close on January 21, 1938. These essay contests have become an annual feature of the program of education for better personal health carried on by the institute.

For the best essay written in each school, a bronze Gorgas medal will be awarded and the student so honored will represent his school in the state competition. A prize of \$10 in cash will be given for the best essay in each state. The judges will be state officials, the state health officer, state superintendent of schools and the secretary of state. The first national prize will be \$500 in cash with a traveling expense allowance of \$200 for a trip to Washington to receive the prize. The second national prize will be \$150 and the third prize \$50. Complete details of the contest may be obtained from the institute's office at 1835 Eye Street, Washington.

INSTITUTE HONORS GREAT SANITARIAN

William Crawford Gorgas, whose achievements the Gorgas Memorial Institute commemorates, is best remembered for his work in Panama at the time of the building of the Panama Canal. It is generally conceded that his success in controlling yellow fever and malaria made the building of the Canal possible. Previously, he had made history by freeing Havana of yellow fever at the close of the Spanish American War. Later as surgeon general of the Army during the World War he established a system of strict physical examination as the means of getting a fit army.

MUSSEL QUARANTINE LIFTED

The quarantine placed on mussels early in the summer by the California State Board of Public Health terminated October 31, 1937. Under the original quarantine order, September 30th terminated the quarantine period, but because of the continued toxicity of the shellfish the order was extended to make it terminate at the end of October.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
October 30, 1937

Chickenpox

215 cases: Alameda County 3, Alameda 2, Berkeley 1, Oakland 23, San Leandro 2, Butte County 1, Calaveras County 13, Fresno 2, Imperial County 1, Kern County 5, Delano 2, Los Angeles County 9, Beverly Hills 8, Long Beach 1, Los Angeles 21, Pasadena 3, Madera County 3, San Anselmo 10, Napa 1, Orange County 12, Santa Ana 1, Plumas County 12, Corona 4, Riverside 6, Sacramento 1, San Bernardino 1, San Diego County 2, Escondido 1, National City 1, San Diego 6, San Francisco 26, San Luis Obispo 1, Santa Barbara County 2, Santa Barbara 1, Santa Clara County 1, Palo Alto 2, Santa Cruz 2, Tehama County 1, Tulare County 11, Ventura County 3, Fillmore 1, Yolo County 4, Yuba County 1, Marysville 1.

Diphtheria

32 cases: Oakland 5, San Leandro 1, Contra Costa County 2, Imperial County 1, Long Beach 1, Los Angeles 5, Monrovia 1, Merced County 1, Sacramento County 1, Sacramento 2, San Bernardino County 1, San Diego 2, Santa Barbara County 1, Siskiyou County 1, Sutter County 1, Yuba City 1, Tulare County 2, Ventura County 1, Ventura 2.

German Measles

14 cases: Fresno County 1, Los Angeles County 1, Huntington Park 1, Long Beach 1, Los Angeles 1, South Gate 1, Monterey County 2, Orange 1, Santa Ana 1, Plumas County 1, Colton 1, San Francisco 2.

Influenza

18 cases: Oakland 1, Kern County 1, Los Angeles 5, San Marino 1, Torrance 1, Merced County 1, Sacramento County 2, Sacramento 4, San Diego 1, Ventura 1.

Malaria

3 cases: San Bernardino County 2, Stockton 1.

Measles

40 cases: Berkeley 1, Oakland 1, Butte County 1, Chico 1, Colusa County 1, Pittsburg 1, Kings County 1, Los Angeles County 2, Los Angeles 3, Santa Monica 1, South Pasadena 1, Upland 1, San Diego County 1, San Francisco 1, Stockton 1, San Jose 1, Watsonville 1, Stanislaus County 2, Tulare County 17, Santa Paula 1.

Mumps

173 cases: Alameda County 1, Berkeley 2, Oakland 15, San Leandro 4, Fresno 4, Tehachapi 1, Los Angeles County 14, Burbank 2, Compton 3, El Monte 1, Glendale 4, Huntington Park 1, Long Beach 19, Los Angeles 4, Pomona 1, San Marino 1, Santa Monica 4, Hawthorne 2, Maywood 1, Madera 8, Napa County 1, Orange County 4, Anaheim 3, Brea 2, Orange 1, Santa Ana 1, Sacramento 5, San Bernardino County 1, Escondido 7, National City 1, San Diego 3, San Francisco 31, San Luis Obispo County 2, San Luis Obispo 1, South San Francisco 4, Lompoc 2, Santa Barbara 3, Santa Maria 3, Palo Alto 3, San Jose 1, Modesto 1, Tulare County 1.

Pneumonia (Lobar)

59 cases: Berkeley 1, Piedmont 1, Fresno County 1, Fowler 1, Fresno 1, Kern County 2, Los Angeles County 4, Burbank 1, Glendale 2, Huntington Park 1, Los Angeles 20, Redondo 1, San Fernando 2, Maywood 1, Madera County 1, Madera 1, Merced County 1, Fullerton 1, Santa Ana 1, Riverside County 1, Riverside 1, San Diego 5, San Francisco 7, California 1.*

Scarlet Fever

169 cases: Alameda 3, Berkeley 1, Oakland 7, Piedmont 1, Butte County 4, Chico 1, Contra Costa County 1, Pittsburg 2, Fresno County 2, Fresno 5, Imperial County 2, Calexico 1, El Centro 1, Kern County 2, Bakersfield 1, Los Angeles County 10, Burbank 1, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 4, Los Angeles 27, Pomona 2, Lynwood 1, Hawthorne 2, South Gate 1, Maywood 2, Gardena 1, Chowchilla 1, Merced County 1, Monterey 1, Orange County 11, Santa Ana 1, Riverside County 1, Corona 1, Riverside 8, Sacramento 2, San Bernardino County 1, Ontario 2, Rialto 1, San Diego County 1, San Diego 1, San Francisco 7, San Joaquin County 5, Lodi 7, Stockton 10, San Bruno 1, Santa Maria 1, Sunnyvale 1, Santa Cruz 1, Watsonville 2, Siskiyou County 3, Stanislaus County 1, Tulare County 1, Exeter 1, Lindsay 1, Ventura County 1, Oxnard 1, Yuba County 3.

Smallpox

One case: Oakland.

Typhoid Fever

6 cases: Los Angeles 1, San Bernardino County 1, San Diego County 1, Shasta County 1, Sutter County 1, Tulare County 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Whooping Cough

243 cases: Berkeley 14, Oakland 12, San Leandro 1, Pittsburg 2, Fresno County 5, Humboldt County 13, Eureka 1, Los Angeles County 26, Burbank 1, Long Beach 5, Los Angeles 37, Pasadena 1, Whittier 4, Lynwood 2, Hawthorne 4, Monterey Park 1, Maywood 1, Madera 1, Monterey County 1, Monterey 1, Pacific Grove 1, Orange County 6, Orange 1, Santa Ana 1, Seal Beach 2, Sacramento 5, San Bernardino County 1, Colton 1, San Bernardino 2, San Diego County 1, San Diego 10, San Francisco 59, San Joaquin County 4, San Mateo County 1, Redwood City 2, San Bruno 1, Santa Clara County 5, Mountain View 2, San Jose 2, Santa Clara 1, Woodland 2.

Meningitis (Epidemic)

One case: Oakland.

Dysentery (Amoebic)

2 cases: Upland.

Dysentery (Bacillary)

26 cases: Oakland 1, Calaveras County 10, Los Angeles 1, Azusa 1, Los Angeles 8, Pasadena 1, San Francisco 4.

Ophthalmia Neonatorum

One case: San Bernardino.

Pellagra

2 cases: Alameda 1, Los Angeles 1.

Poliomyelitis

18 cases: Alameda County 1, Oakland 1, El Dorado County 1, Coalinga 1, Kern County 1, Los Angeles 4, San Diego 3, San Francisco 2, San Joaquin County 1, Stanislaus County 2, Tulare County 1.

Trachoma

9 cases: Reedley 1, Los Angeles 1, Riverside County 4, Sacramento 1, San Diego County 1, Watsonville 1.

Encephalitis (Epidemic)

2 cases: Fresno 1, Sacramento 1.

Trichinosis

26 cases: Los Angeles 25, San Francisco 1.

Typhus Fever

One case: Glendale.

Jaundice (Epidemic)

2 cases: El Dorado County 1, Placerville 1.

Food Poisoning

11 cases: San Francisco 9, San Luis Obispo County 2.

Undulant Fever

7 cases: Los Angeles County 2, Arcadia 1, Long Beach 1, San Gabriel 1, Orange 1, Riverside 1.

Tularemia

One case: Ventura County.

Septic Sore Throat

4 cases: Santa Ana 1, Santa Cruz County 3.

Rabies (Animal)

43 cases: Fresno County 3, Kings County 2, Los Angeles County 6, Beverly Hills 1, El Segundo 1, Huntington Park 1, Los Angeles 17, Pomona 1, Santa Monica 2, West Covina 1, South Gate 1, Monterey Park 2, Manteca 1, Santa Clara County 2, Mountain View 1, Santa Rosa 1.

The cultivation of an outside interest or hobby is just as important if not more important to a person's well being than the mere acquisition of knowledge.

U C MEDICAL SCHOOL
LIBRARY
PARNASSUS & THIRD AV
SAN FRANCISCO CALIF